**MONROE COUNTY** 

## JOB DESCRIPTION

ATTENDANT - Bayshore Manor **Position Title: Date**: 1/8/2010 Position Level: 6

FLSA Status: Nonexempt Class Code: 6-4

## GENERAL DESCRIPTION

Primary function is to assist the elderly residents in their activities and functions of daily living. Reports directly to the Bayshore Manor Attendant Supervisor.

## KEY RESPONSIBILITES

- 1. \*Supervise and log self-administered prescribed medications.
- 2. \*Prepare, serve and clean up dining area and wash dishes after meals.
- 3. \*Make beds and keep resident rooms in order as well as laundering resident's linens and clothes.
- 4. Drive and/or accompany residents to medical appointments.
- 5. \*Observe residents for any physical, mental or emotional changes.
- 6. \*Supervise and/or give baths to clients.
- 7. \*Obtain vital signs of residents.
- 8. \*Participate in regularly scheduled fire evacuation drills.
- 9. \*Responsible for toileting and/or changing incontinent residents as needed.
- 10. \*Assist with and/or dress residents as needed.
- 11. Maintain various daily logs.
- 12. Rotate daily prepared frozen foods, meals, beverages, and snacks.
- 13. \*Interact with and conduct resident activities on-site as well as off-site.
- 14. Complete required documentation of care and service.
- 15. \*Maintain locks, alarms and other safety measures.
- 16. Other duties as assigned.

## \* Indicates an "essential" job function.

The information on this description has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities and qualifications required of employees assigned to this job.

Position Title: ATTENDANT – Bayshore Manor Class Code: 6-4 Position Level: 6

KEY JOB REQUIREMENTS			
Education:	High School Diploma or GED required. Vocational or other technical school, certification, training or apprenticeship desirable.		
Experience:	2 to 3 years in the field of caring for elderly or disabled.		
Impact of Actions:	Decisions and impact are limited to decisions and planning within a small work group or project team.		
Complexity:	Varied: Work is complex and varied and requires the selection and application of technical and detailed guidelines. Problems are not easy to identify, but are similar to those seen beform Moderate analytic ability is needed to gather and interpret data where results/answers can be found after analysis of several facts. Solutions can often be found by using methods chosen before in other situations.		
Decision Making:	Varied: Supervision is present to establish general objectives relative to a specific project, to outline the desired end product and to identify potential resources for assistance. Independer judgment is required to identify, select, apply the most appropriate of available guidelines an procedures, interpret precedents, and adopt standard methods or practices to meet variations in facts and/or conditions.		
Communication with Others:	Requires regular contact within the department and with other departments, outside agencies and the general public, supplying or seeking information.		
Managerial Skills:	Involves no responsibility or authority for the direction of others		
Working Conditions/ Physical Effort:	Work requires physical exertion and/or physical strain and regular exposure to body fluids and substances. Works varied shifts and days.		
On Call Requirements	On-Call 24 hours pending disasters. May be required to evacuate to special needs shelter wire residents in the event of disaster or impending emergency.		
Other:	Certified Nurse's Assistant license preferred, Valid Florida Drivers License. Certified or ability to be certified for the following: CPR, First Aid, Defensive Driving, AIDS Education, Personal Hygiene, Food Service Manager, and Florida State certified to supervise medications.		

ADDDOVALG			
Department Head:	APPROVALS		
Name: _Trish Barker	Signature:	Date:1-8-2010	
Division Director:			
Name: _Sheryl Graham	Signature: Jakan	Date:1-8-2020	
Deputy County Administrator:			
Name: _Debbie_Frederick	Signature: Lue donch	Date:1-8-2010	
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On this date I have received a copy of my job description relating to my employment with Monroe County.			
Name:	Signature:	Date:	